

REQUEST FOR APPROVAL OF JOB RELATED EDUCATION OR TRAINING

Bureau of Personnel Training and Development
An Equal Opportunity Program

Instructions: To submit this form to the Bureau of Personnel, please provide the information requested below and e-mail the attachment to BOP Training Registration from the Global Address Book (ctr@state.sd.us) indicating **JRE** in the **Subject** line. The form will be returned to you electronically after processing.

NAME: _____ **PHONE:** _____ **TITLE:** _____
DEPARTMENT: _____
WORK ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
SUPERVISOR'S NAME: _____ **PHONE:** _____
COURSE TITLE: _____ **DATE OF COURSE:** _____
COURSE COST: _____
COURSE LOCATION: _____

COURSE DESCRIPTION

Please choose **one** of the following:

1. Include a web address that provides information regarding the course/training/seminar.
2. Fax course information to (605) 773-5389.
3. Include a course description in the space below.

Indicate your reason for attending the course/training/seminar.

Indicate name and title of person approving your attendance at this training:

Name: _____ **Title:** _____

DATE: _____

BUREAU OF PERSONNEL: APPROVAL ☐ DISAPPROVAL ☐

BUREAU OF PERSONNEL SIGNATURE:

DATE:

*Bureau of Personnel Training Program
523 E. Capitol Avenue
Pierre, SD 57501*